


<b>1. DATE ISSUED:</b> 12/24/2015		<b>2. PROGRAM CFDA:</b> 93.914		 <p><b>U.S. Department of Health and Human Services</b> <b>HRSA</b> Health Resources and Services Administration</p> <p><b>NOTICE OF AWARD</b> AUTHORIZATION (Legislation/Regulation) Public Health Service Act, Title XXVI, Section 2603b Public Health Service Act Section 2603(b), 42 U.S.C 300ff-13(b) FY 2007 Title XXVI of the PHS Act, 42 U.S.C. section 300-ff-11 et seq (as amended), Part A Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87)  Public Health Service Act, Sections 2601-2610 Public Health Service Act, Sections 2601-2610 (42 USC 300ff-11 – 300ff-20), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87)</p>						
<b>3. SUPERSEDES AWARD NOTICE dated:</b> 07/16/2015 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.										
<b>4a. AWARD NO.:</b> 6 H89HA00036-21-03		<b>4b. GRANT NO.:</b> H89HA00036					<b>5. FORMER GRANT NO.:</b> BRH890036			
<b>6. PROJECT PERIOD:</b> <b>FROM:</b> 02/27/1995 <b>THROUGH:</b> 02/29/2016										
<b>7. BUDGET PERIOD:</b> <b>FROM:</b> 03/01/2015 <b>THROUGH:</b> 02/29/2016				<b>10. DIRECTOR:</b> (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR) Gregory L. Bolts AUSTIN /TRAVIS CITY HEALTH AND HUMAN SRVS DEPT Division Line: HHSD/ HIV Resources PO BOX 1088 Austin, TX 78767-1088						
<b>8. TITLE OF PROJECT (OR PROGRAM):</b> HIV EMERGENCY RELIEF PROJECT GRANTS										
<b>9. GRANTEE NAME AND ADDRESS:</b> AUSTIN /TRAVIS CITY HEALTH AND HUMAN SRVS DEPT 601 AIRPORT BLVD. Austin, TX 78767-1088 <b>DUNS NUMBER:</b> 945607265				<b>12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:</b> a. Authorized Financial Assistance This Period <b>\$4,662,537.00</b> b. Less Unobligated Balance from Prior Budget Periods i. Additional Authority <span style="float:right">\$0.00</span> ii. Offset <span style="float:right">\$0.00</span> c. Unawarded Balance of Current Year's Funds <span style="float:right">\$0.00</span> d. Less Cumulative Prior Awards(s) This Budget Period <span style="float:right">\$4,489,753.00</span> e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION <b>\$172,784.00</b>						
<b>11. APPROVED BUDGET:</b> (Excludes Direct Assistance) <input checked="" type="checkbox"/> Grant Funds Only <input type="checkbox"/> Total project costs including grant funds and all other financial participation a. Salaries and Wages : <span style="float:right">\$0.00</span> b. Fringe Benefits : <span style="float:right">\$0.00</span> c. Total Personnel Costs : <span style="float:right">\$0.00</span> d. Consultant Costs : <span style="float:right">\$0.00</span> e. Equipment : <span style="float:right">\$0.00</span> f. Supplies : <span style="float:right">\$0.00</span> g. Travel : <span style="float:right">\$0.00</span> h. Construction/Alteration and Renovation : <span style="float:right">\$0.00</span> i. Other : <span style="float:right">\$0.00</span> j. Consortium/Contractual Costs : <span style="float:right">\$0.00</span> k. Trainee Related Expenses : <span style="float:right">\$0.00</span> l. Trainee Stipends : <span style="float:right">\$0.00</span> m. Trainee Tuition and Fees : <span style="float:right">\$0.00</span> n. Trainee Travel : <span style="float:right">\$0.00</span> o. TOTAL DIRECT COSTS : <span style="float:right">\$4,662,537.00</span> p. INDIRECT COSTS (Rate: % of S&W/TADC) : <span style="float:right">\$0.00</span> q. TOTAL APPROVED BUDGET : <span style="float:right">\$4,662,537.00</span> i. Less Non-Federal Share: <span style="float:right">\$0.00</span> ii. Federal Share: <span style="float:right">\$4,662,537.00</span>										
<b>13. RECOMMENDED FUTURE SUPPORT:</b> (Subject to the availability of funds and satisfactory progress of project) <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">YEAR</th> <th>TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td colspan="2" style="text-align: center;">Not applicable</td> </tr> </tbody> </table>				YEAR	TOTAL COSTS	Not applicable		<b>14. APPROVED DIRECT ASSISTANCE BUDGET:</b> (In lieu of cash) a. Amount of Direct Assistance <span style="float:right">\$0.00</span> b. Less Unawarded Balance of Current Year's Funds <span style="float:right">\$0.00</span> c. Less Cumulative Prior Awards(s) This Budget Period <span style="float:right">\$0.00</span> d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION <b>\$0.00</b>		
				YEAR	TOTAL COSTS					
Not applicable										
<b>15. PROGRAM INCOME SUBJECT TO 45 CFR 75.307 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:</b> <b>A=Addition B=Deduction C=Cost Sharing or Matching D=Other</b> <span style="float:right"><b>[A]</b></span> Estimated Program Income: \$0.00										
<b>16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:</b> a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 75 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.										
<b>REMARKS:</b> (Other Terms and Conditions Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No) Prior Approval Request Tracking Number PA-00050867. Prior Approval Request Type: Carryover <i>Electronically signed by Brad Barney , Grants Management Officer on : 12/24/2015</i>										
<b>17. OBJ. CLASS:</b> 41.15		<b>18. CRS-EIN:</b> 1746000085A6		<b>19. FUTURE RECOMMENDED FUNDING:</b> \$0.00						
<b>FY-CAN</b>	<b>CFDA</b>	<b>DOCUMENT NO.</b>	<b>AMT. FIN. ASST.</b>	<b>AMT. DIR. ASST.</b>	<b>SUB PROGRAM CODE</b>	<b>SUB ACCOUNT CODE</b>				

14 - 3773025	93.914	15H89HA00036	\$142,298.00	\$0.00	FRML	HIV1-15
14 - 3773024	93.914	15H89HA00036	\$30,486.00	\$0.00	MAI	HIV1-15

## HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants3.hrsa.gov/2010/WebEPSExternal/Interface/common/accesscontrol/login.aspx> to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

## Terms and Conditions

**Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.**

## Grant Specific Term(s)

1. This Notice of Award authorizes the carryover of an unobligated balance in the amount of \$172,784 from budget period 03/01/2014 to 02/28/2015 into the current budget period. These funds can only be used for the purposes stated in your Prior Approval request. Please be advised that if the final resolution of the audit determines that the unobligated balance of Federal Funds requested for the carryover is incorrect, HRSA is not obligated to make additional Federal Funds available to cover the shortfall.

All prior terms and conditions remain in effect unless specifically removed.

## Contacts

### NoA Email Address(es):

Name	Role	Email
Gregory L. Bolds	Program Director	gregory.bolds@austintexas.gov
Gregory L Bolds	Authorizing Official	gregory.bolds@austintexas.gov

Note: NoA emailed to these address(es)

### Program Contact:

For assistance on programmatic issues, please contact Daniel Baker at:  
5600 Fishers Lane  
RM 9W13A  
Rockville, MD, 20857-  
Email: [dbaker2@hrsa.gov](mailto:dbaker2@hrsa.gov)  
Phone: (301) 443-5483  
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### Division of Grants Management Operations:

For assistance on grant administration issues, please contact Patryce Peden at:  
MailStop Code: 18-75  
HRSA/OFAM/DGMO/HRHB  
5600 Fishers Lane  
Rockville, MD, 20857-  
Email: [PPeden@hrsa.gov](mailto:PPeden@hrsa.gov)  
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